Request For Review of the Additional Amount on the Income Withholding Order/Notice for Support

Before completing this form – Please read the other side of this form for information regarding this review and further instructions. Use black ink only.

I cannot afford to pay the additional amount of support indicated on the Income Withholding Order/Notice for Support (IWO). I wish to request a review based on Custody and Financial Need and/or Annual Income Belowthe Self-Support Reserve and the enclosed documentation checked below .

| | □ Cus | tody and Financ | ial Need | | | |
|---------|--|--|-----------------|--|--|--|
| | ohysica | I custody of the m | ninor children | | oport order, a current support obligation no ity to support my minor children as supported | |
| | proof | of physical custo | ody: | | | |
| | \square copy of the court order showing that the minor children live with me; or | | | | | |
| | \square school or other governmental records indicating the children's residence; | | | | | |
| | | □orother (ident | ify) | | | |
| | and pr | oof of terminate | | | | |
| | | \square copy of the court order showing that the current support order is terminated; | | | | |
| | and pr | oof of income: | | | | |
| | | copy of my most recently filed State and federal tax return and W-2 statement; and | | | | |
| | | □copy of my cu | irrent payched | k stub, or a signed letter fr | om my employer, stating my current income; | |
| | or | | | | | |
| | and: proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and/orother (identify) Statement of Income and Expenses form. | | | | | |
| | | | | | | |
| | □Ann | ual Income Belo | w the Self-Si | upport Reserve (SSR) | | |
| | | | | d will reduce my disposabl t of \$19,683 for 2023, as s | e income (income minus deductions required upported by: | |
| | | □copy of my most recently filed State and federal tax return and W-2 statement; and | | | | |
| | Copy of my current paycheck stub, or a signed letter from my employer, stating my current incon | | | | | |
| | or | — copy of my oc | mont payonoc | in olds, or a signed letter in | on my employer, stating my earrent meeme, | |
| | proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and/orother (identify) | | | | | |
| Compl | eted ar | nd Submitted By | : | | | |
| Name (| please p | orint) | | Date | | |
| Address | | | | Social Sec | urity Number | |
| | | | | Davtime Ph | one Number | |
| New Yo | ork Cas | e Identifier and co | ounty listed or | the IWO for each of your a | | |
| | | | | ID | | |
| ID | | Coun | ty | ID | County | |
| ID | | Coun | tv | ID | County | |

Process and Instructions for Request for Review of the Additional Amount on the Income Withholding Order/Notice for Support

If you owe arrears, an additional amount must be withheld to satisfy the arrears. The additional amount is included in the amount reported for past-due support on the Income Withholding Order/Notice for Support (IWO), page 1, under III. Order Information.

You may ask for a review of the additional amount to be withheld for the following reasons:

- You have physical custody of the minor children who are the subjects of the support order, a
 current support obligation no longer exists, and the income withholding affects your ability to
 support the minor children; or
- The additional amount required to be deducted will reduce your disposable income (income minus deductions required by law) below the self-support reserve amount of \$19,683 for 2023.

To request a review, use the form on the back of this page. Follow these three steps to complete your request:

- **1.** Check $(\sqrt{})$ the appropriate boxes on the form to:
 - Identify the reason(s) for your request.
 - Identify the documents you are submitting to support your request.
- **2. Provide** the following information at the bottom of the form:
 - Your personal/contact information;
 - Your Social Security Number; and
 - All of your New York Case identifiers (account numbers) and counties listed on the IWO(s) you received.
- 3. **Submit** this completed form and supporting documents to the address for each local child support office from which you are requesting a review.
 - You must provide the identified documents to support your request. If you wish to
 provide relevant supporting documentation that is not listed on the form, check the
 box labeled "other" where appropriate and provide a description of the documentation
 you are submitting.
 - If you do not file State and/or federal tax returns, you must indicate the reason why you do not have to file the tax return(s) on the appropriate "other" line.
 - If "Custody and Financial Need" is the reason for your request, you must also submit the **Statement ofIncome and Expenses** form.
 - Copies of this form and all supporting documents must be sent to each local child support office from which you are requesting a review of the additional amount to be withheld.

The local child support office will review your completed request form and supporting documentation and then provide you with a written decision stating whether or not they agree with you.

- If they agree with your request, fully or partially, they will adjust your account and send an amendedIWO to your employer and send a copy of the IWO to you.
- If they do not agree with your request, there will be no change to your additional amount to be withheld. The decision will be based solely upon consideration of relevant court orders and findings, the Support Collection Unit records and any supporting documentation submitted by you.
- The written decision will be the final determination.